## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10720103

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			13				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			Wmir	us 20=	* U			X\$ 9=	•	OR	X\$18=	72
INE	EPENDENT CL	AIMS	4 mi	nus 3 =	* 1			X43=		OR	X86=	86
ML	ILTIPLE DEPEN	DENT CLAIM PI	RESENT					+145=		OR	+290=	290
* If the difference in column 1 is less tha				zero, enter "0" in column 2			1	TOTAL		OR	TOTAL	1218
CLAIMS AS AMENDED - PART II								SMALL E	NTITV	OR	OTHER SMALL	
_	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS		(Colur HIGH		(Column 3)	RATE	SINALL		1		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- CL AINA	=		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENI	CLAIM		'	+145=		OR	+290=	
·								TOTAL		OR	TOTAL ADDIT. FEE	
ADDIT. FEE(Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		]=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	JENDEN I	CLAIM		]	÷145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT FEE	
(Column 1) (Column 2) (Column 3)										_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	REST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·	Minus	**		=		X8 9=		OR	X\$18=	
	Independent	*	Minus	***		]=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145-			+290=	
+145= OR  • If the entry in column 1 is less than the entry in column 2, write "0" in column 3										TOTAL	<u> </u>	
* If the entry in column 1 is less than the entry in column 2. write "0" in column 3  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
***	If the "Highest Nur	mber Previously Pa	aid For" IN THI	IS SPACE I	is less tha	n 20, enter "20. In 3, enter "3."		ADDIT. FEE			ADDIT. FEE	